

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

29/057-05

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		①	/	1		
3		②	/	1		
4		③	/	2		
5		④	/	1		
6		⑤	/	①		
7		⑥	/	②		
8		⑦	/	③		
9		⑧	/	④		
10		⑨	/	⑤		
11		⑩	/	⑥		
12			/	⑦	/	
13			/	⑧		/
14			/	⑨		/
15			/	⑩		/
16			/	⑪		/
17			/	⑫		/
18			/	⑬		/
19			/	⑭		/
20			/	⑮		/
21			/	⑯		/
22			/	⑰		/
23			/	⑱		/
24			/	⑲		/
25			/	⑳		/
26			/	㉑		/
27			/	㉒		/
28			/	㉓		/
29			/	㉔		/
30			/	㉕		/
31			/	㉖		/
32			/	㉗		/
33			/	㉘		/
34			/	㉙		/
35			/	㉚		/
36			/	㉛		/
37			/	㉜		/
38			/	㉝		/
39			/	㉞		/
40			/	㉟		/
41			/	㊱		/
42			/	㊲		/
43			/	㊳		/
44			/	㊴		/
45			/	㊵		/
46			/	㊶		/
47			/	㊷		/
48			/	㊸		/
49			/	㊹		/
50			/	㊺		/
TOTAL IND.	1	↓	4	↓	7	↓
TOTAL DEP.	10	↓	17	↓	47	↓
TOTAL CLAIMS	11		21		54	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
55						/
56						/
57						/
58						/
59					/	/
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91						/
92						/
93						/
94						/
95						/
96						/
97						/
98						/
99						/
100						/
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS